

DATE 10/27/2005

PAYEE'S NAME

ADDRESS

CITY, STATE ZIP

TAX PAYER IDENTIFICATION NUMBER

OFFICE TELEPHONE

<u>Date(s)</u>	<u>Number of</u>		<u>Cost Per</u>		Total	Other Costs <small>(Including travel)*</small>	<u>Total Cost</u>
	<u>Hours</u>	<u>Days</u>	<u>Hour</u>	<u>Day</u>	<u>Compensation</u>		
10/27/06		1		156.00	156.00		\$156.10
							U.S.D. NOV - T 27 PM 2:18 9010
TOTAL AMOUNT CERTIFIED FOR PAYMENT:							\$156.10

TOTAL AMOUNT CERTIFIED FOR PAYMENT: \$156.70

☒ Defendant
☐ Witness
☐ Other

1 (Date)

(Signature of Interpreter)

(Signature)

United States Magistrate Judge

(Name and Title of Presiding Judicial Officer)